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ABSTRACT

A project of Cameron University increases the availability of psychological services to rural schools in southwestern Oklahoma. Rural districts identified needs for professionals to conduct psychological evaluations, develop and help in the implementation of behavioral intervention plans, and consult with teachers regarding plan implementation and special needs students. Program goals were to deliver comprehensive counseling/testing services to special services recipients in rural public schools and to establish supervised practicum opportunities for graduate students in behavioral sciences at Cameron University. In the program's first year, 5 graduate students served as counselors for 35 special education students in 3 rural districts. Counselors averaged 16 sessions per student. Program limitations and concerns included the limited experience of the graduate students and consequent need for close supervision, need for confidentiality, short-term nature of the counseling relationship, and rural schools' lack of suitable space for counseling sessions. The Youth Outcome Questionnaire was administered to the students receiving counseling at intake, week 8, and after termination. Results indicate that the rural public school students did experience improvement while in counseling with master's level graduate students. Appendices contain the university-school Memorandum of Understanding, a graduate student's statement of professional disclosure, and a consent form. (SV)

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PROVIDING PSYCHOLOGICAL CONSULTATIVE SERVICES TO STUDENTS WITH EMOTIONAL/BEHAVIORAL DISABILITIES: A COLLABORATIVE EFFORT BETWEEN RURAL SCHOOL DISTRICTS AND A UNIVERSITY TRAINING PROGRAM

Introduction

Students living in rural areas are faced with a variety of psychological problems. Services related to these needs may be overwhelmed initially due to the limited availability of qualified and experienced staff (Paez & Rhodes, 1998). Because qualified examiners must have skills in both the mental health field and special education to appropriately identify and address the potential needs of students with unique behavioral problems, students may go unserved or at best be under-served (Huebner & Wise, 1992; Human & Wasem, 1991; Murray &Keller, 1991). An inability to commit personnel and facilities to meet the needs of a small number of students often jeopardize the provision of quality services to students with emotional/behavioral disorders (Jacob-Timm, 1995).

The Least Restrictive Environment mandate of IDEA is often tested with regard to those students who pose an endangerment to themselves or their classmates. Completion of referral and assessment procedures in a timely manner becomes a daunting task for may rural districts due to the lack of service providers and high turnover rate (Huebner & Wise, 1992). Teachers are often confused about the specific questions related to the appropriate service delivery options for students with emotional/behavioral disabilities (Thompson, 1992). If students with emotional/behavioral disabilities are to be educated as much as possible with their non-disabled peers and receive the support necessary for academic success, it is evident that the services of a qualified school psychologist are needed to ensure appropriate assessment and follow-up services (Fagan & Wise, 1994).

The training needs of rural psychologists serving school aged children may differ somewhat from those of their urban counterparts (Reschly & Connolly, 1990). Although the basic training needs of rural and urban psychologists do not differ significantly, issues related to cultural diversity, burn out, and logistics are relevant concerns (Reschly & Connolly, 1990). The generalist nature of many school psychologists in rural areas suggest a need for adjustments of current university training programs (Paez & Rhodes, 1998). Universities have a long tradition of combining training missions with service to constituent communities. Changes in the manner in which psychologists are trained to serve rural constituencies are needed due to a greater need for persons prepared to assume a facilitator role (Paez & Rhodes, 1998). Partnerships between schools and universities located in rural regions is one avenue for addressing the needs of students who are under identified and served.

The purpose of this paper is to report the results of a project designed to increase the availability of psychological services to rural schools in southwest Oklahoma. An important element of this discussion is a description and evaluation of a supervised graduate practicum experience.

The Mutual Need of Rural School Districts and a Small Regional University

Cameron University has approximately 240 graduate students, 90% of whom are planning on careers that include counseling and/or testing. These students require three hundred hours of practicum experience before graduation. Cameron University is located in Lawton, Oklahoma, who population of approximately 100,000 does not offer enough practicum sites to meet graduate students' needs. Also, Cameron University does not have a campus-based clinic which would facilitate faculty clinical supervision of in-training counseling students.

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Rural school districts have identified several areas of need for counseling service delivery. The lack of population in smaller towns makes the availability of counselors/mental health providers limited and therefore, students with special needs are not receiving services. There is a shortage of professionals to conduct psychological evaluations in the rural school districts. There is a need for professionals to develop and help in the implementation of behavioral intervention plans. Additionally, there is a significant need for professionals who have expertise with behavioral interventions to consult with classroom teachers regarding their students who have attentional problems and receive accommodations through a 504 Plan.

These problems were used to develop the goals of the proposed program.

Collaborative Program

Program Goals

The program's goals were to deliver comprehensive counseling/testing services to special services recipients in rural public schools in southwest Oklahoma and to establish supervised practicum opportunities for graduate students in the Behavioral Sciences program at Cameron University.

Participants

Several rural public schools in southwest Oklahoma were selected due to their proximity to Cameron University. Special services directors were approached by the project supervisor to determine if their schools would be interested in participating in this program. A presentation to each district's special services director and special education teachers was made in order to get feed back from the personnel who were providing the special education services. The special services directors then presented the program to their superintendents and school boards. Some of the school boards then asked the university project supervisor to speak to them. Three school districts were selected.

Cameron University provided five graduate students to serve as counselors for 35 rural public school students. Counselors averaged sixteen sessions per student.

Program Design

This program was designed to create a collaborative effort between Cameron University and rural public school districts in order to address the goals listed above. Once the school boards agreed to participate, a Memorandum of Understanding (Appendix A) was presented and signed by both Cameron University and the local school district. The Memorandum of Understanding delineated the responsibility of each party and the procedures which needed to be followed in order to effectively carry out the goals of the program. Much care was given to completion of all essential paper work prior to implementing services.

Program Quality Assurance and Data Collection

The *Youth Outcome Questionnaire (YOQ-45.2)* is a self-report instrument that measures children's and adolescents' progress in therapy, during treatment and after termination. The instrument measures the person's subjective discomfort (inner feelings), interpersonal relationships, and social role performance (at work or school). Questions on the YOQ-45.2 are posed to acquire information about the person's anxiety, depression, suicidal thoughts, substance abuse, and relationships with family and conflicts with others. The instrument contains 45 items, scored on a five-point Likert scale. The instrument is written on a fifth grade reading level. The questionnaire can be administered orally and therefore can be completed by telephone for follow-up purposes. The questionnaire can be completed in five to ten minutes. Test scoring and interpretation is straight-forward and can be completed in minutes. The YOQ 45.2 produces three subscales (Symptom Distress, Interpersonal Functioning and Social Roles), a Total Score, and indices of substances use, suicidality, and violence. The higher the scores, the more problems that the person is experiencing.

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Normative groups include community and school samples, and outpatient clinic samples. Research has shown that there is no correlation between age and the YOQ 45.2 score, therefore the norms are not age referenced. Test-retest reliability for the YOQ 45.2 ranges from .78 to .84 with an internal consistency ranging from .71 to .93. Its validity is supported by high correlations with other measures of psychological distress, interpersonal functioning, and social roles.

A Quality of Care Questionnaire was developed and was completed by the students and their parents before the eighth session and after the terminating session.

Program Limitations and Concerns

Ethics were of ultimate concern in this program. Graduate students are not professional counselors and therefore it must be stated clearly that these providers are limited in experience and education. A Statement of Professional Disclosure (Appendix B) not only made this clear to the parents but also gave information about the university supervisor. Students were supervised by a doctoral level licensed professional. Supervision was via videotape. A Consent to Videotape (Appendix C) was signed by the parents. The novice nature of the providers (graduate students) was important when assigning children to counselors. The supervisor had to make sure that the presenting problem was one with which the provider could work. The supervisor took special care to view the videotapes of the first several sessions in order to best determine if the counselor was able to deal with the problems brought forth in the counseling sessions. Face-to–face supervision, supervisor and child, and/or parent was also practiced. Counselors were trained using empirically validated treatment modalities and only these protocols were used.

The need for confidentiality is very important and is a central element in counseling. For this reason, only essential personnel were extended information about the counseling. Releases of information were signed by parents and a statement about the need for confidentiality was signed by each person who was to have access to the information.

As a university based program, practicums are only sixteen weeks in length. Therefore, practicum students were limited to approximately sixteen sessions with each child. It is important to note that many of the children needed more counseling that what sixteen sessions provided. Therefore, a different counselor was assigned to the child. This posed a delay in accomplishing treatment goals due to the child's need to establish a therapeutic alliance with each new counselor.

Finally, rural public schools have limited space available. Finding suitable space to conduct counseling sessions was problematic. Not only was the need for privacy a must, but a place free from distractions was essential. Also the counseling room had to be large enough to accommodate a video camera and tripod. It was difficult to obtain these requirements in the offices provided by the schools. However, once the school officials were made aware of the need for rooms with these characteristics, most schools were accommodating.

Initial Program Data Results

Data was collected from the thirty five public school students who participated in the program. The students were administered the YOQ 45.2 following the eighth session and again, following termination. The results indicated that there were significant differences in the subscales (Symptom Distress, Interpersonal Functioning, Social Roles and Total Score) between the intake and eighth session. Additionally, there exists a significant difference between the intake and terminating session. A preliminary conclusion was drawn that rural public school children did experience improvement while in counseling with master's level graduate students.

Discussion

This collaborative program appears to have initially met some of the needs of both rural school districts and a small regional university in terms of providing supportive services to students in need and a field opportunity for graduate students that, otherwise, could not have been experienced. This particular program attempted to help meet the

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emotional/behavioral needs of children that would not have been addressed because of the unavailability of service providers in the rural areas of this state. It is hoped that this particular program can be refined and implemented with other outlying school districts to offer supportive counseling and evaluation services where none have been available before.

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Appendices

Appendix A

Memorandum of Understanding

This Memorandum of Understanding is intended to delineate the responsibilities inherent in a collaborative effort between Cameron University's, Center for Attentional Studies (CAS), Department of Psychology and Human Ecology and Lawton Public Schools (LPS) to provide LPS with emotional disturbance (ED) evaluations and provide Cameron University's Master's of Science in Behavioral Sciences graduate students with experience and education in performing ED evaluations.

Responsibilities of Cameron University (CAS)

Cameron University will provide graduate students who have completed at least six hours in tests and measurements and are screened to be competent and sensitive to children's issues. Graduate students will be supervised by a licensed mental health provider holding a doctoral degree in Counseling Psychology. These graduate students will have individual liability and will be under strict supervisory guidelines.

Graduate students will be enrolled in Practicum in Psychological Testing (PSYCH 5573) for both the Fall and Spring semesters. For the first three months of the Fall semester, students will undergo instruction in the criteria for Emotional Disturbance, state generated literature, and educational and psychological tests required to determine if students meets the criteria for Emotional Disturbance. The remainder of the Fall semester will be dedicated to graduate student observation of test administration, scoring and interpretation, and report writing. In the Spring semester graduate students will begin to administer, score and interpret tests, and write reports. It is expected that each graduate student will produce approximately five evaluations by the end of this experience.

Lawton Public Schools (LPS)

Lawton Public Schools (LPS) will provide a place for testing and the students with referrals for evaluation. Additionally, LPS will transport children to and from the testing center. For each case, the following signed and completed documentation will be needed. A copy of each form is provided in the addendum. (1) Professional Disclosure for the supervisor-instructor and students, (2) information and agreement form, (3) consent to treat/test minors, and (4) release of confidentiality from parents to LPS. Additionally, parents and teachers will have to provide information about the child's behavior, developmental course, and school performance by way of the following questionnaires: (1) Child Behavior Checklist (Parent Report Form), (2) Child Behavior Checklist (Teacher Report Form), (3) Developmental History, and (4) Bio-Psycho-Social Questionnaire. Other parent and teacher information may be needed depending on preliminary test results.

_____

Ricardo A. Jerez, Ph.D.

Appendix B

Statement of Professional Disclosure

I am required by law to furnish this document to you. It is required that I inform you about my professional training, orientation/techniques, experience, fees and credentials. I am not a licensed professional. I am a Graduate student at Cameron University under the direct supervision of a Doctoral level licensed professional. I have had extensive training in tests and measurement, and in the process of involved in evaluating for emotional disturbance. I am enrolled in a Testing Practicum at Cameron University. There will be no fees for the evaluative services.

My supervisor is Ricardo A. Jerez, Ph.D., who is a Licensed Professional Counselor. His license number is 1423. He has conducted evaluations and assessments for children since 1993. He is a professor of testing and evaluation courses at Cameron University and is also in private practice. He has extensive experience in conducting psychological evaluations in school districts in southwest Oklahoma. Since my supervisor is licensed by the

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Oklahoma State Department of Health, you can access the law and regulations which govern his license at the licensing website www.health.state.ok.us/program/lpc/. You may contact (without giving your name), my supervisor and/or the Professional Counselor Licensing Division at:

Oklahoma State Department of Health	Ricardo A. Jerez, Ph.D., LPC
Protective Health Services	Cameron University
Professional Counselor Licensing - 0504	Department of Psychology & Human
1000 NE 10th Street	Ecology
Oklahoma City, OK 73117-1299	2800 West Gore Boulevard
Telephone: (405) 271-6030	Lawton, Oklahoma 73505
Fax: (405) 271-1918	Telephone: (580) 581-5574
email: newaw@health.state.ok.us	Fax: (580) 581-2623
	Email: ricj@cameron.edu

Practicum Students providing services: _____

Signature: _____

Parent's Signature: _____

Practicum Student's Signature: _____

Child/Adolescent's Signature: _____

Appendix C

Consent to Audio/Videotape

I give permission to audio/videotape the counseling sessions. I understand that these tapes are confidential and will only be used by the examiner and the clinical consultation team for consultation and clinical supervision. I understand that the tapes will not be utilized for any other purpose and will be erased upon completion of the counseling agreement.

I have read the above and have had an opportunity to ask any questions I may have. I agree to allow the videotape and the use of the videotapes for the above stated reasons.

_____
Child/Adolescent's Signature

_____
Parent/Guardian Signature

_____
Witness Signature

_____
Witness Names (please print)

_____
Date

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